

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/695,894
Filing Date	October 30, 2003
First Named Inventor	CACI, CLAUDE
Art Unit	2681
Examiner Name	
Attorney Docket Number	T3707-8770US01

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
(for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Declaration and Power of
Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney,
Revocation Change of
Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) ____ | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals
and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Issue Fee – Part B – Fee(s) Transmittal
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayments to Deposit Account No. 50-1165
(T3707-8770US01) for the above identified docket number. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Customer No. 000181
Signature	
Printed Name	James T. Carmichael, Reg. No. 45,306
Date	December 1, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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